

Newsletter

November 1979, #19

Blissymbolics
Communication
Institute





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BLISSYMBOLICS COMMUNICATION INSTITUTE

The purpose of this Newsletter is to publish articles and news items concerning Blissymbolics which uses visual symbols as an augmentative to communication. The many applications of Blissymbolics include the following:

1. Communication Difficulties
2. Cognitive and Language Development
3. Reading
4. International Communication

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Apply to: Blissymbolics Communication Institute
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ARTICLES

Readers are encouraged to contribute letters and articles in order to share their symbol experiences.

Write to: B.C.I. Newsletter
Mrs. Barbara Rush, Editor
64 Magnolia Drive, Hamilton
Ontario, Canada, L9C 5T2

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FROM THE EDITOR

Time flies and we find ourselves in the sixth year of publication. Since subscriptions no longer conform to set periods but run from the date of application, we are dispensing with identification of the Newsletter by volume and will refer in future to simple issue numbers. This is our 19th issue. The product has certainly changed since it first saw the light of day back in March 1974 but the purpose remains the same - to provide a vehicle for sharing experiences, ideas, problems and successes. Grateful thanks are extended to all those who have contributed to this and past issues.

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We begin with an article reprinted from the British Newsletter of July 1979. Anne Bell, senior speech therapist at Gogarburn Hospital in Edinburgh, shares with us her experiences with severely retarded individuals.

The next three articles come to us through the efforts of Dr. Mel Cohen, Director of the Blissymbolic Resource Centre at Loma Linda University, California. The problems of introducing a Bliss Symbol programme are identified by Susan Doyle. Teacher Stephanie Tarkington describes the educational programme for one class of orthopaedically handicapped non-oral communicators. Case studies always make interesting reading and Barbara Ann Charles provides a thought-provoking piece concerning a young aphasic boy's progress with symbol communication.

Shirley McNaughton writes to inform us of a newly published book on the Indian language, Amerind. She also contributes a description of her attendance at the first Blissymbolic training session to be held in New Zealand.

The co-operative efforts of occupational therapist, Nancy Steenwyk, and speech therapist, Mary Talarico, have resulted in the production of a head light pointer which has useful application in the classroom. This article first appeared in the Winter 1979 issue of Communication Outlook.

It is indeed exciting to hear of the expansion of Blissymbols throughout the world. From Calcutta, Sudha Kaul discusses the experiences of India's first symbol user.

A warm and pensive letter from Eddy Weetaltuk, a native Canadian, will stir your heart.

The Ottawa "DYNAMO", otherwise known as Anne Warrick, has returned from India and is now embarked upon a campaign to get adult symbol users to participate in the World Congress of Rehabilitation International which will take place in Winnipeg next year. She requires information from symbol users and their sponsors.

Margrit Beesley informs us that the O.C.C.C. Communication Resource Room is now sharing new quarters with the B.C.I. and Blissymbol Services.

We conclude with the Symbol Users' Corner with thanks to all those who sent in contributions.

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You will be interested to know that a new book, Communication for the Speechless, by Dr. Franklin H. Silverman, features a rather exciting cover with Blissymbols embossed thereon. The book reviews various augmentatives to speech including, of course, Blissymbolics. It is published by Prentice-Hall, Inc., Englewood Cliffs, N.J., 07632.

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At a recent C.E.C. workshop, Shirley McNaughton shared the following quotation (source mislaid) with her audience. It's worth reproducing here.

Communication from me to you
Is socially the thing to do
So as the means to do it changed
Society was re-arranged.

.....

The next issue will be published in March, 1980. Please send your suggestions, letters, and articles to the editor by February 15th, 1980.

Barbara Rush
Editor

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BLISS AND THE MENTALLY HANDICAPPED

By: Mrs. Anne Bell
Edinburgh, Scotland

As Gogarburn is a hospital for the patient who is severely sub-normal, communication is of primary importance. With this in mind, I introduced Bliss to the Hospital staff by letting them know that there would be a talk given, to those interested, by Alison MacDonald on the subject of Bliss in regard to our patients who had communication difficulties. This was, if I remember, enthusiastically attended and was my way of encouraging staff interest in what the benefits of the system might be, with certain patients selected from throughout the hospital.

After the talk, I indicated that I would be willing to assess patients whom staff thought would be suitable. The criteria were: that the patient should appear to understand what was said to him and that he should have the desire to communicate. I received 30 names and tested all of them for their understanding of spoken language, noted their determination to make their wants known and whether there were signs of frustration because of their difficulties. Eventually, 8 patients were selected. Only 4 of them are still receiving help. This is partly due to the fact that instruction had started too late in their lives and partly because of the time factor, where only one member of staff had Bliss training. All 8 patients were found to have, after testing, comprehension levels between 2½ to 3½ years in spoken language - this being due to mental handicap together with long periods of hospitalisation and social deprivation usually found in low grade people from this type of institution, where they are washed, fed and kept comfortable, but seldom stimulated because there just isn't time for the extra help.

Of the 4 patients taken, only one has made what I consider to be remarkable progress. June is aged 25. She was known to have periods of depression and to weep for days on end. She had little home contact and keenly felt her isolation in a high-dependancy, low-grade ward. Her expressive language was grossly dysarthric, and very difficult to understand, yet she would persevere when she needed to make herself understood, often not making her point in the end. She was in fact making less and less effort to do anything by the time Bliss started. When I arrived, she was delighted to work with me. I showed her the symbols and objects and we matched them in the usual ways and she was very quickly able to differentiate between the symbols that she was shown. Next day, I found that she had retained 8 symbols, the following day 6 and that was the pattern of her early learning. I quickly discovered that she had very deprived basic language abilities, and that any language used with June by me in instruction or general conversation should be brief, simple and logical. She said, when she thought about it, that she thought in pictures rather than in words. Obviously, her inner language had not been extended in any way. She had few understood prepositions, did not understand conceptual speech and even the basic vocabulary that one would expect her to use was not obviously understood - for instance, after 6 months of Bliss, I asked her what her favourite pudding was and after a few seconds' hesitation she admitted that she did not know the word 'favorite'. I then realised that she should be encouraged to admit to not understanding words, instead of pretending, as so many of our handicapped do, that she understood what was said. And that not knowing was acceptable to me and easily put right, but that not admitting and covering up lack of

knowledge was silly and unnecessary. June had little sequential or age. Within 6 months, she was beginning to have a more normal language structure and was obviously listening to the language used round about her. I saw her for 5 hours per week for the first 3 months, as I was dependent upon keeping her interest going in order to stimulate and encourage her to work when things began to get tough. Her sense of the ridiculous began to show itself, and she thoroughly enjoyed fun and even began to enjoy being shown off as a prize patient. I found that a good way to keep her going was to take her out into town or to some place of interest, about once each month, as this increased her horizon and gave her food for thought when she was sitting in her chair waiting for the next event to take place. I am glad to say that she has now gone to New Trinity Centre on a 3-day per week basis and I now see her only twice a week after 18 months work. She is using a 200 board quite well, but still needs constant prodding and stimulation to increase her abilities.

The second patient is a 10 year old boy with an I.Q. of approximately 30, whose expressive language is so inadequate that he is unable to express his needs when under stress. This is particularly noticeable when he is dressing first thing in the morning and is handed garments which, in his opinion, are totally unsuitable. I have now put up on his locker large symbols which I have taught him and which are relevant to his difficulties. Having done this, he is now much less inclined to flare up in a tantrum as it is easier to point out what is wrong to new members of staff. Bliss is not being used as a complete method of communication. He does not like having a Bliss polythene board. It is interesting to note that with the help it has given him, he is using much more speech than he was 18 months ago. He is stringing words together and his language structure has improved tremendously. Shall we say that here Bliss is being used as an 'unlocker of doors', rather than as a door through which to pass.

The third patient is a man of 25, who can use gesture, but who is using Bliss as a patchwork system only - words like toilet, food, wash, lady, etc. I don't think that I shall continue to extend this man's vocabulary much further. He knows about 20 relevant symbols. He thoroughly enjoys coming for treatment, but unfortunately he can only be seen one hour per week, as he lives outside the hospital in a home-type of situation. I think probably that the hour's session on a one-to-one basis is something he enjoys as 'his time', when he feels that he is important in his own right. Perhaps this is not quite what Bliss should be used for, but in this case I feel that it is essential that this man has some basic means of vocabulary in case he should ever need it in times of stress.

We are dependent on staff help and co-operation, and this is not always easy to get.

We are also dependent upon sufficient time for consistent work with Bliss, so that the interest of each patient can be maintained whether or not there is help and encouragement from the wards or outside - therefore with those who might be able to cope with this system, time should be set aside regularly day by day for the first 2 or 3 months so that a concentrated effort may be maintained. In this area of work, in Bliss, praise and even a reward system are helpful. Patients should want to come and should enjoy the work that they are doing.

This paper was given at a 'Bliss Follow-Up Day' on 'Bliss and Mental Handicapped' at Scottish Council for Spastics, Westerlea School, Edinburgh, on 7.10.78.

USE OF BLISSYMBOLICS IN THE CLASSROOM: A STUDY IN CO-OPERATION IN AN INSTITUTIONAL SETTING

By: Susan Doyle
Costa Mesa, California

I am a speech Pathologist at one of California's State Hospitals. Housing some 1400-plus Developmentally Disabled residents and possessing only four full-time Speech Pathologists, the task of providing services to the many high-priority non-vocal clients here seemed at first impossible. A survey distributed to the individual Program Directors revealed that perhaps 20% of the residents could benefit from some form of augmented communication. I already knew of several clients who were excellent candidates for use of Blissymbolics, and I knew there would be others.

Many of the Education staff here had heard of Blissymbolics and were very interested in non-vocal communication in general. However, I found that I was the only person certified by the Blissymbolics Communication Institute, and had acquired substantially greater experience in the field than the majority of the teaching staff. With the potential users scattered amongst several education departments in several different Treatment Programs in a facility this size, it was not immediately evident how services were to be best provided, if at all.

I had settled for working with a few individuals at a time when one of the teachers came to me with a request: would I come in to her classroom and work with all the children on developing communication systems utilizing Bliss. Two of the children were already on my caseload, and I knew the others had been evaluated and recommended for augmentive communications systems by Speech Pathology. I was delighted at the chance to utilize Bliss in a group setting, to work closely with a member of the Education staff, and to have the benefit of a classroom aide and a place to work that was big enough to accommodate a group of children. The format we followed and the results we obtained follow, along with a description of the class and the results obtained.

CLASS DESCRIPTION

The class consisted of five non-ambulatory, Developmentally Delayed residents, two girls and three boys, with chronological ages ranging from ten to twenty years. Tested receptive language ages fell between 3.0 and 6.0 years. The two girls had no expressive speech, due to severe oral-motor dysfunction, and were communicating through facial expressions, vocalizations and hand signals for yes and no. The three boys were born with Lesch-Nyhan Syndrome, and evidenced moderate to severe damage to their oral structures due to the self-mutilative behaviour characteristic of this syndrome. Moderately severe oral-motor dysfunction was present in all three cases. Intelligible speech was limited to single word utterances which could be understood by staff familiar with the boys with about 80% accuracy in the context of a situation. However, under any form of emotional stress, intelligibility dropped to almost nothing, the boys resorting to crying, screaming or stony silence at those times. Due to their relatively high level of cognitive functioning, the boys presented a frustrating communication problem to the staff who were growing tired of playing "twenty questions" to ascertain the needs of the three. It was hoped that Blissymbolics could provide an augmentive communication system for the boys, and an expanded expressive mode for the girls.

The physical disabilities of the class presented quite a challenge. Only one girl was able to use a standard, wheelchair laptray-type communication board. The other girl was so severely spastic and presented with so many other medical problems that it severely interfered with her performance. The three boys had their upper extremities restrained to varying degrees at almost all times, to inhibit the self-abusive behavior mentioned earlier.

CLASS STRUCTURE

After an initial week of Blissymbol instruction every morning for the class and the teacher, we developed a program of instruction that would meet her need for Blissymbol instruction and my limited time schedule. I would come in to class every Monday morning and teach both class and teacher a group of five or more related symbols (related either by symbol elements or subject matter). Then for the rest of the week the classroom teacher built her lesson plans and classroom activities around the symbols and/or the concepts involved, as well as symbol recognition and expressive use. At the end of the week I came back, providing a language activity using their symbols for that week, and tallying each child's expressive and receptive use of each symbol. The next Monday morning I reviewed the symbols for the previous week and introduced the new ones. We also planned that I would be responsible for inservicing the residence staff on communicating with the symbol users.

Due to the physical limitations of four out of the five class members, it was decided to use eye-pointing as the major response mode. We would work through direct selection initially, incorporating eye-coding as the children began to expand their symbol vocabulary. This enabled ease of movement of the teacher from child to child, holding the plexiglass E-TRAN up for the child to make his response and then showing the others what that response was or should have been. It was hoped that the floor model E-TRAN would be able to be purchased for each of the three boys, enabling them to easily transfer their new communication skills from the class room to the residence due to the portability and limited supervision necessary for use of that model.

The classroom setting also included a large (4'X5'), low-to-the-ground chalkboard which was found to be very successful in symbol instruction as the children could look directly at it from their wheelchairs without having to tilt their heads to look up.

RESULTS

The success in the classroom setting was high; within six weeks, four out of five class members were able to recognize and use a 30 symbol vocabulary within a range of 80 to 90% accuracy. One of the five children presented a highly erratic performance rate due to her varying physical condition, and it is difficult to estimate just what she learned.

The children were able to use the symbols in class to express their needs, play games, and tell stories. Expressive use was still at a single-symbol level at the time the class was terminated, but the three boys were able to use symbols to supplement two and three word phrases they were attempting to verbalize. Much of the crying and screaming behaviour mentioned earlier disappeared, and symbol communication took its place.

While the results of our co-operation were encouraging in terms of symskill, or the actual symbol learning of the children, we were unable to maintain the project for a period of time sufficient to insure communicative success or a measurable change in the communication habits of our five symbol users. This was largely due to the problems

inherent in trying to establish a cohesive treatment program for clients in a large institution; at the end of six weeks, our class dynamics were radically changed by circumstances beyond our control. Two of the boys were transferred to a community school, where neither the teacher nor the speech pathologist is trained in non-oral communication techniques. The boys are at the school during my working hours, so I am unable to see them even on an individual basis. They are currently receiving no non-oral training. The girl with the lap-tray communication board turned 21, became ineligible for Compensatory Education Services, and was transferred to another Treatment Program in the hospital. The remaining girl exhibited such erratic performance due to her severe and widely varying physical condition from day to day that it was dubious whether or not she was benefitting from symbol instruction. I am unable to see the remaining boy on an individual basis due to my heavy caseload, and there are no other identified potential symbol users on his Treatment Program with whom I could group him at the present.

The most frustrating thing, and the one factor which most influenced our inability to achieve carryover of the symbol system was our inability to obtain the proper equipment. The one girl is still using her symbols on her lap-tray communication board to communicate her needs, even though I am unable to work with her to expand her symbol vocabulary. However, the three boys have experienced no carryover into their environment. Due to many and various restraints governing the purchase of equipment and supplies at a state institution, six months later we still have not received the floor model E-TRANS although they are finally on order. We exhausted all avenues of funding available to us including donated funds, but could do nothing until the start of the next fiscal year.

DISCUSSION

Even though our goals were frustrated by circumstances, I feel the results were worth the time spent. I now have a viable model of symbol instruction to present to the education staff here at the hospital which neither violates their authority in the classroom nor requires every teacher here to be fully certified in Blissymbol instruction (a fiscal impossibility). The results in terms of symskill, and in comskill in the case of the girl who was able to be supplied with adequate equipment to communicate outside classroom, have convinced me that Blissymbolics can be used in a large institution with success.

Our best chance of providing service lies in co-operation.

EDUCATIONAL PROGRAMME - CALIFORNIA

By: Stephanie Tarkington
Vista, California

Class: Orthopedically Multihandicapped - Non-Oral Communicators

School and Setting: California Avenue School
215 West California Avenue
Vista, California 92083

California Avenue School serves North San Diego County for Orthopedically Handicapped and also has two classes for Orthopedically Multihandicapped. The first year of using an Orthopedically Multihandicapped setting for Non-Oral Communicators was 1978-79. I will describe the class below.

Population: Six severe spastic quadriplegics, three boys and three girls, ranging in age from 6 to 9 years, were previously enrolled in California Avenue School for Orthopedically Handicapped, so staff was familiar with these students. Four of the students had been exposed to Blissymbolics the previous year by the speech therapist, Jayne Higgins. One student knew as many as 40 symbols.

Purpose/Goals: To enable these six students to progress from being passive receivers of information to active, spontaneous initiators of communication, particularly with myself, aide and speech therapist. The constant, consistent and meaningful use of a non-oral communication system as the most effective and efficient method of learning a non-oral system was the rationale for segregating these six students. Eventual integration back to a regular Orthopedically Handicapped Class with their new communication skills/attitudes is emphasized through use of partial integration approximately 5 months into the school year. The class emphasis was on giving each student the most appropriate and independent communication system possible for beginning to function as an individual responsible for communication with others.

Method: Physical characteristics such as range of motion, drooling, speed of response, and accuracy of point were all assessed. Wheelchairs were evaluated and modified continually for best fit with communication goals given consideration by physical and occupational therapists. After giving each student some appropriate non-oral system the basic method used by myself/aide was to always wait/insist on an answer from our students. Not only was the staff not used to waiting for an answer to every question, "How are you?" or salutation, "Good Morning", but neither were the students used to responsibility as a person in a two-way dialogue. They got by with smiles and frowns for years. The constant use of their Bliss or picture boards was essential to the whole goal of the class.

Blissymbolics: Four of the six students used Bliss and learned approximately 110 Blissymbolics during school year 1978-79. I first introduced more nouns so they could work on more concrete level and still feel some control of their environment by requesting items for play. Then we began pairing nouns with only a few verbs (play, want, eat) for some notion of sentence structure. Cooking became one of the richest and most motivating areas of our curriculum. Words/concepts such as hot, cold, cook, mix, wet, dry, food groups, kitchen appliances, utensils, give, want, like, drink, etc. could all be used meaningfully and often for practice. Remembering the configuration of Blissymbolics and understanding expanded meanings in language seemed to be directly related to the number of opportunities provided for using the symbols.

Other Results: Two students did not progress into use of Blissymbolics from their picture or object level of functioning. One student relied heavily on his eye contact and vocalizations understood by his mother. Instead of looking to pictures, symbols or objects, the tendency was to look directly at the speaker. The other student, who finished the year knowing 35 symbols, began with some interest in pointing to symbols but became negative/withdrawn after heel cord surgery.

It was of interest to me that at beginning of school year only one student knew the letters of the alphabet and at the end of year he was still the only one with understanding of more than 6 letters. And yet they could learn 100 of the more complicated-looking Blissymbolics. I did definitely spend more time on the symbols than letters, often because they were so much more receptive to symbols than letters. I did not attempt to show students components of each symbol to explain its origin. I felt this method might be appropriate and useful this year.

Conclusions: The same six students are again enrolled this year, 1979-80. I would like to write sometime about the partial integration into Orthopedically Handicapped Classes last year and again this year. The main purposes of the integration last year were primarily social with emphasis on peers as language models. They took their communication boards with them wherever they went, but minimum pressure was put on other teachers to use it with them constantly. The idea was to phase it in gradually so that teachers' apprehension would not effect the non-oral communicator too much.

Teacher: Stephanie (Steve) Tarkington

Aide: Jean Landers

APHASIA — SEVERE COMMUNICATIVE DYSFUNCTION

By: Barbara Ann Charles
Professional Studies/Special Education
California State University
Dominguez Hills, California

DEFINITION OF APHASIA

TEXTBOOK

When there is an impairment in the cerebral hemisphere that has as its primary function the processing of the language code, the resulting language disorder is Aphasia. Aphasia is a multimodality reduction in capacity to decode (interpret) and encode (formulate) meaningful linguistic elements, that is, words (morphemes) and larger syntactic units. It materializes in listening, reading, writing, and speaking difficulties. The impairment of language is disproportionate to impairment of other intellectual function. The focus of involvement is the central language process, and the consequences are reduced availability of vocabulary, reduced efficiency in the application of syntactic rules, reduced auditory retention span and impaired efficiency in input and output channel selection (Darley, et al., 1975).

STATE OF CALIFORNIA

The Aphasic and/or Other Severe Oral Language Handicapped

A minor is aphasic and/or other severe oral language handicapped when all of the following statements apply to him or her:

1. The minor has a severe disability in the comprehension and/or expression of oral language. A minor may be considered to have a severe oral language disorder when:
 - (a) The minor shows normal intellectual potential as measured by instruments that do not require oral directions or oral expression.
 - (b) The minor's scores on the auditory verbal scales of one or more standard tests or sub-tests of language assessment falls two standard deviations below the mean for the minor's mental age as indicated in (a), except that any minor above the two standard deviations but below one standard deviation may be designated as an aphasic and/or other severe oral language handicapped if agreed upon with the unanimous decision of the admission committee.

- (c) The minor is non-verbal or when a spontaneous language sample of at least 50-100 utterances can be obtained, the sample shows development judged clearly inadequate for the minor's age in at least two of the following areas of language development: syntactic, semantic, morphologic, phonologic.
2. The disability is of such severity as to require enrollment in a special day class, intensive remedial instruction, an integrated program of instruction, or instruction under Education Code Sections 56030-56038.
3. Aphasia and/or other severe oral language handicap is evidenced by written statements certifying that the minor has a severe speech and/or oral language disorder, not due to deafness, mental retardation, or autism. This determination of aphasia and/or other severe oral language handicap shall be made in written statements by personnel in each of the following specific professional capacities.
 - (a) A teacher credentialed in the area of speech and hearing handicapped or a credentialed speech and hearing specialist, or a speech pathologist who holds certification in speech pathology in the American Speech and Hearing Association shall determine that the child has an aphasic and/or other severe oral language disorder and that the condition is not primarily due to deafness.
 - (b) A credentialed or licensed psychologist or licensed educational psychologist shall determine the child's intellectual and emotional capabilities and shall determine that the condition is not due to mental retardation or autism.
4. A licensed physician who has training and/or experience with children who have neurological disorders shall determine if neurological dysfunction or other physical disorders exist and how these disorders may be associated with aphasia and/or other severe oral language handicaps (Title 5 Education Code).

BACKGROUND

Bill, an eight year old boy, is currently enrolled in a regular second grade classroom and pulled out 1½ hours daily (L.D.G.) where he receives extra reading and math help. He also is seen by the speech/language specialist twice a week for 30 minutes.

He lives with his mother and younger sister. Bill's younger sister is presently in the S.L.D./Aphasia Program. Both English and Spanish are spoken to the children at home, but neither is able to speak Spanish.

Bill has attended several schools before coming to our school, and was retained in kindergarten because of academic problems. The family was referred by the school guidance department for counselling and attended sessions at a local hospital for several months in 1977. Mother had wanted the clinic to help her deal with Bill's problems in school, but felt she was not receiving the correct help, so counselling was discontinued.

CHARACTERISTICS

Bill is extremely slow to learn new concepts. He never completes his work and is unable to follow more than one direction at a time. His frustration is observable due to lack of ability to comprehend oral directions or instructions compared to others of his age group. He has auditory impairments which place severe constraints on his ability to process and retain spoken language, especially when it is syntactically complex. He fails to remember words. He has difficulty classifying events with verbal labels and cannot organize the words he knows in appropriate phrases and sentences. His productions tend to

be short and reveal a variety of structural inadequacies. For example, Bill says, "No school Lisa," (Lisa is a girl in L.D.G.). He tends to reverse the order of words, omit verbs and articles. With phrases such as, "Terry drop pencil," he omitted tense. Bill's language form is often similar to that of a younger child. Thus he may omit plural endings and confuse verb tenses and personal pronouns. Phrases such as, "Me no want that," are appropriate for a two or three year old but not an eight year old. He is exceedingly sensitive to outside noises. Each time there is a slight noise he will stop working and look around.

4-28-78 -- Bill was evaluated by an Intern Psychologist and found to have a Performance I.Q. 70 - Verbal I.Q. 78 - Full Scale 72 (Wisc-R). It was on the basis of these scores that Bill was placed in a L.D.G. program despite the feeling of the Speech/Language specialist the S.L.D./Aphasia would be a more appropriate placement. (This is because the full scale I.Q. 72 is below the normal and also that the Performance I.Q. 70 was lower than the Verbal I.Q. 78 -- not a pattern seen in aphasic children). At this time test scores were the determining factor -- no student observations were made.

3-5-79 -- After a year in L.D.G. and regular class his progress has been negligible. This lack of progress appears to be a result of his poor communicative skills. This lack of progress was discussed at the annual I.E.P. meeting, which was attended by the following: Speech/Language Specialist, Psychologist, Parents, Regular Classroom Teacher, L.D.G. Teacher, and one administrator. It was the decision of this committee that Bill be re-evaluated for the possible referral to an S.L.D./Aphasic Program. (Same one as his sister attends).

TESTS RESULTS

Name of Test	Test Mean	Standard Deviation	Raw Scores	Scale Score	% Tile Age/Scores
DTLA Related Syl.	---	--	14	--	3.0
ITPA Vis/Mem.	---	--	--	36	---
DTLA Pictorial Opps	---	--	12	--	7-3
ITPA Vis Assoc.	36	6	--	32	---

ITPA, DTLA, NSST:

Hypothesis: Severe delay in semantics, syntax, morphology and auditory memory.

The results of these tests indicate Bill's intellectual ability falls within the average range of classification. He exhibits a severe language deficiency, both in comprehension and expression, which appears to account for the apparent discrepancy between Verbal I.Q. and the Performance I.Q. The profile also indicates weak auditory memory. Achievement scores also appear to reflect a language deficit as the scores relating to language are significantly below his potential ability. The language evaluation shows severe delay in semantics, syntax, morphology, and auditory memory. Each of these delays are in comparison, very significantly below what is expected for his age. The language evaluation along with the psychological assessment find that Bill's communicative problem is of sufficient degree to warrant a special program placement in a Severe Language Disorder/Aphasic Program.

SEVERE LANGUAGE DISORDERS/APHASIC PROGRAM (S.L.D.) / APHASIC PROGRAM COMPARED TO A LEARNING DISABILITIES GROUP PROGRAM (L.D.G.) AND REGULAR CLASS

In Bill's present placement he spends most of the day in a regular classroom with very little individual instruction. He has of late been a difficult child to motivate and often cannot be managed in his regular classroom. The classroom of 32 students and one teacher provides a kaleidoscope of ill defined sights and sounds and when he attends it is often to an inappropriate event. Aphasic children respond, or fail to respond, in the manner of deaf children. Sometimes they seem to respond with slowness and limited understanding of severely mentally retarded children. Often they behave as if they were emotionally disturbed (Eisenson, et al., 1971). Even though he spends 1½ hours in special class (L.D.G.) the emphasis is one of remediation of reading and math (remedial catch up) his special language needs and training are not being met.

In the S.L.D./Aphasic Program there is maximal use of the visual modality to generate correct verbal response. Visual clues are used to supplement the auditory stimuli so students can remember what he saw as well as what he heard. This small class size, six students, a teacher, and an aide, will provide a learning environment that is highly structured and distraction free.

Student multiple needs and materials are constantly being developed and evaluated based upon the principle of program learning. Tasks are presented in carefully graded sequences so that students will have many positively reinforced responses. All programming is the process of analyzing the components of a lesson so that teachers know exactly what should be achieved. It provides specific, carefully planned procedures for presenting materials (Stark, et al., 1968). Since the teachers in S.L.D./Aphasic use carefully graded programs children rarely need to experience the failure which so often accompanies perceptual and behaviour problems.

CONCLUSION

For the past 10 months I have diligently tried to improve Bill's reading skills. Many approaches have been tried, but with no success. When last tested (5-3-79) on the Dolch Basic Sight Word List, he knew 3 words. (We have worked on these words all year). After my introduction to Blissymbolics, I decided to try it with Bill. I made up cards with Blissymbols and clearly printed the word under the symbol. The following schedule was used in introducing the Blissymbols:

Thursday -- 2 words were introduced (Blissymbols)

Friday -- review

Following Monday -- Tested -- He knew both words

Tuesday -- 1 word was introduced (Blissymbols)

Wednesday -- 1 word was introduced and others were reviewed (Blissymbols)

Thursday -- Review (all words on flashcards)

Friday -- 1 word was introduced and others were reviewed

Tuesday -- After the long Memorial Day weekend he could read all 5 words (Blissymbols)

Wednesday -- 2 words were introduced and the other words were reviewed (Blissymbols)

Thursday -- 1 word was introduced and the other words were reviewed (Blissymbols)

Friday -- 1 word was introduced and the others were reviewed (Blissymbols)

Monday -- Tested -- 8 out of 9 correct (Blissymbols)

It is interesting to note that there was carry-over to the printed word. When I tested Bill with just the printed words, he could read 5 out of 9 words. These were not words in his sight vocabulary before Blissymbols. During the Short period I used Blissymbols he made an almost 300% increase in his sight vocabulary. In less than three weeks he gained more than he did in 9 months of intense phonetic and sight drill.

June 15 will be Bill's last day in L.D.G. He will be placed in the S.L.D./Aphasic Program starting July. I am excited and would definitely recommend Blissymbols as an effective tool for teaching Bill.

UPDATE ----- 6-12-79

Between May 30 and June 11 -- 19 new Blissymbols were introduced

6-11-79 -- Tested -- 18 out of 19 correct. (Blissymbols)
15 out of 19 correct with just the printed word
(Blissymbols removed)

6-12-79 -- Tested -- Total Blissymbol vocabulary
26 out of 28 correct. (Blissymbols)
20 out of 28 with just the printed word.
(Blissymbols removed)

I CAN'T BELIEVE IT !!

BLISSYMBOLICS AND AMERIND

By: Shirley McNaughton
Toronto, Ontario

For those who have heard about Amerind, Dr. Madge Skelly's newly published book will be most welcome reading. It is entitled, Amer-Ind Gestural Code, Based on Universal American Indian Hand Talk, and is published (1979) by Elsevier North Holland Inc., 52 Vanderbilt Avenue, New York, 10017. In it, Dr. Skelly describes programs using Amerind, shares her assessment and evaluation procedures, and presents the current Amerind repertoire. During her recent short visit to Toronto, I had the opportunity to meet with her and hear about her work and her book. Her clinical and humanistic perspective are an inspiration to us all. We are privileged to have available to us this record of her work with and knowledge of Amerind.

Especially exciting reading awaits the Blissymbol instructor - for many similarities (and some thought-provoking differences) exist between Amerind and Blissymbols. With Dr. Skelly's growing interest in the application of Amerind with the severely and profoundly retarded, her work provides interesting companions for the Blissymbol instructor.

The degree to which Amerind and Blissymbolics may be able to compliment each other in their application and assist each other in their lexicon development remains to be explored. For the Blissymbol instructor, however, we have another interesting area for study and a stimulating "code" to learn.

Highly recommended reading !!

ANOTHER MEMORABLE "FIRST"

By: Shirley McNaughton
Toronto, Ontario

August 27-31, 1979, marked another important "first" in the application of Blissymbolics. As a result of the intensive efforts of Bert Reeves, principal, and Lois Houston, occupational therapist, at the Matariki Unit for the Physically Handicapped, Forbury School, Dunedin, New Zealand, the first Blissymbolics Elementary Training was held in Dunedin, New Zealand. As with the other "firsts" with which I've been privileged to be involved (Canada, U.S.A., Great Britain, Sweden), the participants were eager to learn, and excited to be Blissymbol pioneers in their country.

Joan Hurren from Canberra, Australia, Bert Reeves and I shared the presentations. Thanks to the patience and support of the twenty-nine attendants, we surmounted the difficulties resulting from cancellation of flights to Dunedin for the two days prior to the Training and late arrival of the training materials (three days after Training began!). Flexibility had to be the motto of the week!

One very special occasion must be described: On the morning of the third Training day, Bert Reeves arranged for all the participants to visit Cherry Farm, a facility consisting of many villas (small residences) situated a few miles out of Dunedin. Cherry Farm serves several different populations, one of which is the multiply-handicapped. In the villa for multiply-handicapped children, we were given a short tour and then Bert divided the participants into six groups, each with a leader experienced in communication assessment. Each group met for thirty minutes with one resident who came to the group alone or with a parent or staff member. The task set for each group was to relate to the assessment criteria presented by Joan Hurren the previous day, utilizing group members' perspectives and expertise, and to become involved in a preliminary diagnostic assessment. Following its time with a resident, each group had a short time to evaluate and share its preliminary observations with parents and staff. Then everyone met together - participants, residents, staff, and parents - for a general sharing of observations, concerns and insights.

Although the time together was, of necessity, very short, the morning was a most valuable experience for everyone! Not only did the participants and presentors benefit from observing the assessment techniques of experienced therapists, psychologists and teachers, they also were able to observe sensitive interaction by professionals with non-speaking multiply-handicapped persons and their families. The professional staff of Cherry Farm participated in the large discussion and were able to contribute background information, share their concerns and expand their perspectives. The non-speaking persons and their families felt their problems were being given attention and that a first step was being taken. It was a good learning morning for all!

Be watching for Newsletter articles re the progress of Blissymbols in New Zealand! I know exciting things are going to happen!

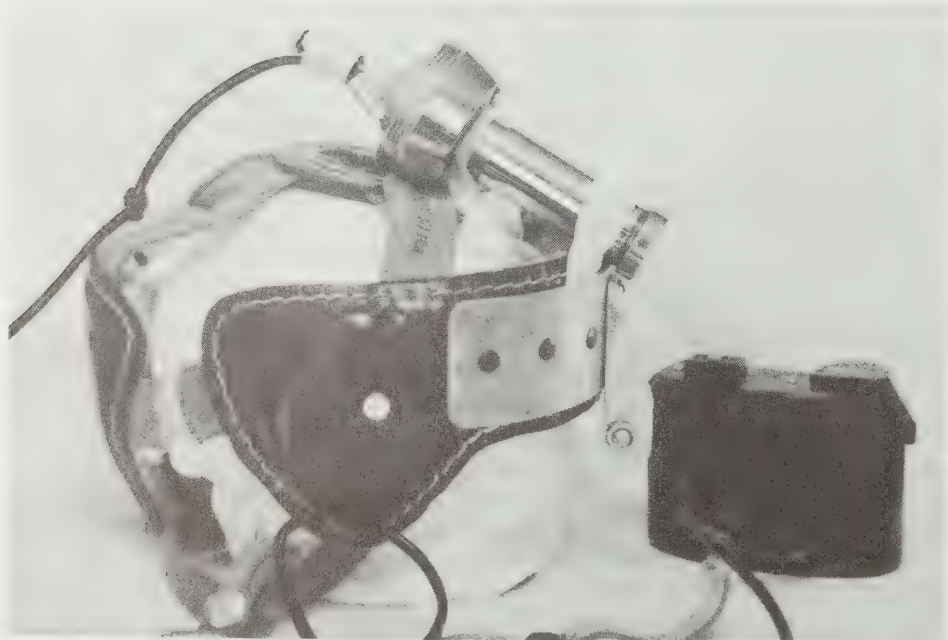
While in the South Pacific, I was also able to spend ten most enjoyable days in Australia. Joan and Bert Hurren in Canberra, and Kathryn Barrett in Sydney, not only were the kindest of hosts, they also arranged many opportunities for me to meet with professionals working with and administratively responsible for the physically, mentally and

multiply-handicapped. I became much more sensitive to the difficulties involved in the application of Blissymbol Communication in Australia. I was most heartened by the strong professional concern and awareness of the need for communication augmentatives to speech. We can only hope that with time and the continued efforts of dedicated professionals, Blissymbolics will become accepted in Australia as it has been in so many other countries, as one of the valuable communication augmentatives for the person who lacks functional speech.

Joan Hurren, B.C.I. Affiliate (8 Yarrow Place, O'Connor, A.C.T., 2601, Australia) welcomes enquiries and opportunities to provide information regarding the B.C.I. services and support materials available in Australia.

HEAD LIGHT POINTER

By: Nancy Steenwyk, O.T.R.
Mary Talarico, Speech Therapist
Charlotte, Michigan



We have built a head light pointer that produces light bright enough to show under fluorescent lights. This light pointer has been used successfully with Blissymbolics and blackboard work. The adjustable lens allows the beam to be focused as small as 1/16" or as large as 1/2". The light source is bright enough to focus a narrow beam on an object at a distance of four feet.

The device consists of three specific parts:

1. The light source.
Perfection Projection Pointer. Williams, Brown & Earle, Inc., 904 Chestnut St., Philadelphia, PA. 19107 (approximately \$20)
2. A battery pack.
Head Lamp. St. Croix Corp., A Division of Kusan, Inc., 9909 South Shore Dr., P.O. Box 1237, Minneapolis, Minn. 55440 (approximately \$5.95). We used only the battery pack from this head lamp, because the light source could not be adequately focused for our needs.
3. Hardware (purchased from Radio Shack).
1 solderless banana plug, 1 steel round head machine screw, 1 steel hex machine screw nut, 1 solderless terminal - flanged spade.

The front end of the projection pointer was separated from the battery casing. This was done to eliminate the excess weight of batteries on the student's head. The wiring from the battery pack was connected to the projection pointer with the hardware listed above. The head light pointer was attached with elastic to the top of the student's helmet. The projected beam was aligned within the student's comfortable field of vision. The battery pack can be attached to the student's wheelchair and controlled by the off/on switch.

For further information, contact Eaton Intermediate School District, 1790 E. Packard Highway, Charlotte, MI. 48813.

NEWS FROM CALCUTTA

By: Sudha Kaul
West Bengal Spastics Society
Calcutta, India

(Sudha Kaul is principal of the Centre for Special Education in Calcutta. She is presently in Canada studying Blissymbolics.)

Shomblu Ghosh is a sixteen-year old, non-verbal, cerebral palsied boy studying in Calcutta at the Centre for Special Education. He lives in an institution for handicapped children and adults. He had no formal education until coming to the Centre some four years ago. He is unable to read or write and used to communicate with gross gestures. He was able to get his basic needs understood through gross signing but never had the opportunity of "saying" anything more.

Shomblu's world changed dramatically when Anne Warrick of the Ottawa Crippled Children's Treatment Centre arrived in Calcutta to teach Blissymbolics. He was fascinated and very excited by the symbols. Here was a means of "talking" to people! He just couldn't believe it! He was very enthusiastic and in five months had two hundred symbols on his board. The most precious thing in his life is now his symbol board. His biggest achievement, he feels, has been writing a letter to Anne who started it all! (Letter reproduced in Symbol Users' Corner ... Ed.)

We are very proud of Shomblu - India's first symbol user. You should note that he uses Bengali syntax, i.e., verb at the end of the sentence, while the English translation uses English syntax and is not read by the child.

The Centre in Calcutta is run by the West Bengal Spastics Society. It is a treatment and educational centre for cerebral palsied children. At present there are fifty-two children attending the day centre. Some of the children are non-verbal and Blissymbolics has been introduced to two of them.

LETTER TO THE EDITOR

By: Eddy Weetaltuk
Quebec

Sirs,

I've just read about Charles Bliss' symbolics in "Reader's Digest" of September 1977. I sure would love to learn them so I could write to those who have already mastered Blissymbols and who would like to write to a friend.

I am an "Inuk" or Eskimo. Inuks write in 'syllabics'. I also speak "Cree" as they also write in "syllabics". One way or the other I have a feeling that I could master your Blissymbols within a year or so and be helpful. I could write short letters to symbol users who would like to hear from someone in the outside world. So if a symbol dictionary is complete, I should like my study started soonest. I would study everyday while I am still unemployed. I have made applications for work on the James Bay project but answers never seem to come. Learning symbols would be ideal to kill the dragging and wasting of time. Perhaps you will send me the names and addresses of some symbol users who would like to get a letter. My symbol drawing is not good but time and patience and observation will help perfect it.

There are lots of interesting words that could be made up between two communicatees once they get to know each other and I am sure they would look forward each week to what the other friend has to say. I am sure that would make them smile with happiness. I very well know how it feels to be very lonely. When I read the Bliss language article, I shared these people's loneliness, knowing how they feel. I have been away from my people most of my life. I am now forty-seven, looking for a job, and sometimes being alone can be very lonely. I write letters to friends but seldom get an answer. I hope this letter reaches you soon enough.

.....

(An exchange of correspondence and materials is now underway with Mr. Weetaltuk.....Ed.)

WORLD CONGRESS OF REHABILITATION INTERNATIONAL

(The 1980 World Congress will be held in Winnipeg, Manitoba, Canada, from June 22nd to 27th, 1980. The theme is "Prevention and Integration - Priorities for the 80's". Further information on the Congress itself can be obtained from the Canadian Rehabilitation Council for the Disabled, P.O. Box 1980, Winnipeg, Manitoba, Canada, R3C 3R3. Anne Warrick of the Ottawa Crippled Children's Centre is attempting to co-ordinate efforts to gather information on and funding for symbol users who wish to attend this Congress. Following are some of Anne's thoughts on the subject, reproduced here for the purpose of promoting discussion. We need information from YOU! ...Ed.)

.....

I see adult symbol users going to Winnipeg as a unique group of individuals - not an extension of B.C.I., P.H., etc. but as their own association, ready to take an active role in the Rehab Scene. Although I recognise that they must be accompanied for their physical needs - I don't see the need for an accompanying symbol interpreter. They may well want us to have a drink with them at the end of the day, but I hope that will be all!

I had originally thought that they might form their own legal association, but having asked around it seems that they would have to go through B.C.I. since they already have a charitable number for symbols. My thinking here is that people donating want a receipt for tax purposes. However, Juane has already said that donations can be paid to B.C.I., designated for an "adults to Winnipeg" fund!

Another point - do they want to go as participants or do they want to be involved in an informational not commercial display if we could arrange it. Booths for dealers are \$750 but we don't want to conflict with B.C.I. I would see a display just for and about adults, to give them exposure for writing proposals relating to their needs and dreams for 1981. However I definately see them running the booth, which I think would be completely ineffective any other way. I have someone who would make posters etc. for a booth.

If we could come up with some data from the next newsletter eg. Who wants to go? - Can they get any money? - Can they get a companion/caregiver? - Will they try to get funds themselves? - What about a booth? - and anything else helpful to us, we'll have a little data to go on.

One other point is that airlines cannot take more than 2 totally dependent persons per flight so that we cannot consider a group fare, and should make reservations early bearing in mind our population and the cheaper early booking charter fares.

We could also ask people - through the newsletter - to contribute to the fund if they could, or direct spare community cash our way. In the meantime I'll go on looking for a sugar Daddy!

Please respond directly to:	Ms. Anne Warrick Ottawa Crippled Children's Treatment Centre 395 Smyth Road P.O. Box 8469 Ottawa, Ontario Canada K1G 3H9
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NEWS FROM THE COMMUNICATION RESOURCE CENTRE AT
O.C.C.C.

Our display room has been moved from its former location in the basement of the O.C.C.C. to the new space located on the second floor above the cafeteria. We will be sharing the newly created space with B.C.I. and the Blissymbol Service directed by Shirley McNaughton. It is really marvelous how the three services are now brought together so that we are able to interrelate and better co-ordinate the different areas. In this regard, I am hoping to be able to make different Blissymbol displays with the help from B.C.I. and Blissymbol Service, so that visitors can actually try out different layouts and systems. This would facilitate assessments and recommendations and enable us to react to suggestions in a more positive way.

May I ask all of you to send me ideas of displays which have worked for you. If you have any old displays no longer in use we would appreciate receiving them. Old displays can still be useful for an assessment and demonstration purposes. I would also appreciate any slides or pictures of students to complement my collection.

There are three ways to get access to the Communication Resource Room:

- 1) A candidate for non-oral communication can be referred to the Speech and Hearing Department at O.C.C.C. for a full day assessment by all disciplines. At the end of the day a conference is held and the team makes recommendations.
- 2) A candidate is well known to his own setting and does not need a full day assessment, but does not know which technical aid will be most appropriate. In this case, a referral has to be made through the Speech and Hearing Department at the O.C.C.C. for an equipment evaluation.
- 3) A parent or professional would like to get informed about the various aids available. Anyone can make an appointment with me in the morning between 9:00 a.m. to 12:00 noon to see the equipment on display. I will be there to explain the many aspects of each unit and in which situations they would be most suitable.

I have compiled a list of all equipment on display with a description and price list. This list is available on request. Please don't hesitate in sending me any questions you may have about the equipment.

Write to: Mrs. Margrit Beesley, O.T. Reg.
Ontario Crippled Children's Centre
350 Rumsey Road
Toronto, Ontario
M4G 1 R8

My Summer

I come summer school.

⊥₁ $\overset{\wedge}{\rightarrow}$ | ○₂<{> △↑□.

I go to Camp Challenge to swim.

⊥₁ | $\overset{\wedge}{\rightarrow}$ >| ↗↖ ⊥ ⊕ c_⊗ >| $\overset{\wedge}{\rightarrow}$ ~.

I like to eat like animal H (horse).

⊥₁ ♥+! >| $\overset{\wedge}{\circ}$ ♥+! πh.

by Robin Sewell
age 12

The article above illustrates a common practice of preceding the infinitive form of the action symbol (e.g. $\overset{\wedge}{\rightarrow}$ ~) by the symbol to, toward >|. Since the infinitive form represents the total meaning to swim, correct usage (omitting >|) is to the advantage of the symbol user with restricted motion as it reduces the number of motions required to convey a message.

The article appears below with the >| omitted and a clarification of the meaning like. The symbol for similar, like is || $\overset{\wedge}{=}$ (ie. near + equal)

I come summer school

⊥₁ $\overset{\wedge}{\rightarrow}$ | ○₂<{> △↑□.

I go to Camp Challenge to swim

⊥₁ | $\overset{\wedge}{\rightarrow}$ >| ↗↖ ⊥ ⊕ c_⊗ $\overset{\wedge}{\rightarrow}$ ~.

I like to eat like animal H (horse).

⊥₁ ♥+! $\overset{\wedge}{\circ}$ || $\overset{\wedge}{=}$ πh.

This Summer

I and sister Debbie go classroom.

$\perp_1 + \triangle_2 \triangle \square \uparrow \square$.

I go swimming at school.

I play with

$\perp_1 \triangle \rightarrow \sim > \triangle \uparrow \square \perp_1 \triangle \heartsuit \uparrow +$

friend at grandmother's. Mother wish I and sister

$\perp \heartsuit + ! > \triangle \uparrow + \triangle \uparrow \perp_1 + \triangle_2$

go to my school.

$\triangle > \perp_1 + \triangle \uparrow \square$.

by Teresa Donahey
age 8

My Grandmother and Grandfather

They bought a new house and it big 2 storeys.

$\perp_3 \textcircled{8} \square \setminus \textcircled{\oplus} \rightarrow \triangle + \perp_2 \square$.

It has 5 plus 10 stairs, down and up. It has 8 plus

$\perp \pm 5 + 10 \downarrow + \uparrow \perp \pm 8 +$

5 miles from my house. It has 7 rooms. It has

$5 \text{H} \text{I} > \perp_1 + \triangle \perp \pm 7 \square \perp \pm$

a car room, full little animal B (bees).

$\setminus \text{house} \cup \text{I} \text{B}$.

It has bathroom inside of grandmother and grandfather

1 ± □ ∪ □ < △△ + △△

bedroom. I go down stairs by myself. It has

□ □. ⊥₁ |→ ↓ ∟ < ⊥₁+ || 1 ±

orange trees outside house. Friend, my boy

⊙ ⊙ ⊙₈ ↑_x □ ∠ ⊥ ♥ +! ⊥₁+ ∩

cousin's friend, has I not know number

△△△₂ ↑ + ⊥ ♥ +! ± ⊥₁ -! ∩ #

horses. They have a little and little house.

△_x h. ⊥₃ ± ∖ I_x + I_v ∠

by Sara Brothers
age 9

Pen Pal Letters

Hello Jeanne

○ → ← △J

My name is Russ Cecchini. I have earth coloured

⊥₁+ ∅_^ ∠ R.C. ⊥₁ ± — ⊙

hair and eyes. I am 26 and will be 27 on

□ ∪ ⊥₁ + ⊙_x ⊥₁ ∅_^ 26 + ∅_^ 27 ∖

February 1st. I live in Participation House - Hamilton.

D2 #1. ⊥₁ ∅_^ □ ∠ P.H. ×× ∠ H.

It is a residence school and workshop for

1. ① \ △♥, △↑△ + □^ >>

36 handicapped adults. I came to Participation House

#36 ⊥ □ ⊗. ⊥₁ → | > | △ P.H.

from Ottawa. We go on many outings

1> x x △ 0. ⊥₁ △ x x △ □ →

and see many things.

+ ⊙ x □.

I am a "Jock" who likes most

⊥₁ ⊙ \ ^4 ^ ? ⊥ ♥ + ! x

sports. I was in the Physically Handicapped Games

^4. ⊥₁ ⊙ □ / ⊗ x □ ^ ♥ ↑ → ⊙

and won two medals.

+ = ↓ #2 11=2 □.

I like to drink beer on the week-ends and

⊥₁ ♥ + ! ⊙ ⊙ B x / ⊙ 7 + 1 +

play chess.

^ ♥ ↑ □ ^ ♥ ↑ c.

Please write to me soon

! ♥ \ > | ⊥₁ ⊙ v ⊙ I ⊙

Bye !

for me

Russ.

○ ← → >> x !, ^ R

Letter from India's first symbol user, Shombhu Ghosh, aged 16

Anne

Namaste

Anne   

I school in many things learn. Daily living class

God Church learn. Bowl and clothes soap and water

with wash learn. Shoes brush with clean learn.

I Arts and Craft room in colour and paper scissors with cutting

and sewing machine with cloth sewing learn. I Domestic Science room go.

Domestic Science in I egg and rice boil and

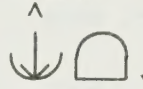
tea make learn. I tomato and cucumber and

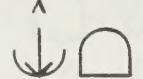
onion with salad make learn. E.V.S room

I fruits tomato and potato learn.

⊥₁ 6 9₁ + 8₁ .

I book in my name write learn. I school

⊥₁   ⊥₁    ⊥₁   

much like. Anty (woman) you school come.

   +! Anne  ⊥₂ Shombhu's    .

You letter write. Bye bye.

⊥₂   O ← →

Material from symbol users is reproduced essentially as submitted in order to reflect individual creativity and different styles of expression. Neither symbols nor usage are to be regarded as models for expression or instruction.

- Note: 1) symbol composition and drawing have been updated to conform to the BCI 1000 stamp vocabulary of July 1978.
- 2) although the combine strategy is frequently employed to arrive at new symbol expressions, the personal symbol creation is often not enclosed between combine indicators as required by BCI practice.

- ⓑ indicates 1) a symbol which differs from the C.K.Bliss version either in symbol form or accompanying wording or 2) a new BCI symbol authorized in the absence of requested comment from C.K.Bliss.

